

Dear members of the House Health Policy Committee, as a registered nurse, I am writing in support of the Safe Patient Care Act, HB 4629-4631.

It wasn't an unusual request: the patient in room 41 wanted to get up and use the toilet in the room, not the bedpan. Bedpans aren't very dignified, and she was adamant to her nurse that she wanted to maintain her dignity.

My friend and colleague helped her to the side of the bed when she was called away to see to her other patient for something urgent. She emphasized to the woman sitting on the side of the bed, "Do not get up without me, I will just be a minute." But there was no minute, because within moments, she heard a crash and went barreling into the room. Soon thereafter I heard the call most nurses dread: "I need some help in here!" I took off down the hall and found my friend doing chest compressions on the patient. I unlocked the bed and took over, the room quickly flooding with people. I remember that my friend handed me a pillow to put under my knees, knowing I was taking the brunt of doing CPR while kneeling on a hard cold floor. I also remember how the bed kept pushing up against me since it wasn't locked and more people kept coming into the room. I remember trying to tell someone to lock the bed but I was out of breath. Doing chest compressions is hard.

But what I remember the most is after it was all over. I went into our pantry, to decompress, to get away from everyone, and as I went to exit the room, I spotted the patient's six year-old grandson standing outside the room alone. His mom, the patient's daughter, didn't want him in the room. They had just gone to lunch to give her privacy while she used the bathroom. Now she was dead. I couldn't leave the room because every time I caught sight of that little tow-headed boy, my eyes welled up. No one wants to see a nurse crying.

But we do cry: Not having adequate staff to take care of our patients is a matter of life or death. This incident happened in a hospital where ICU nurses generally would take care of two patients, but there are ICUs in this state where nurses take care of three, four, or even five patients. I left that job downtown Detroit when we were told that we might be required to care for three patients. There was no way I could safely take care three patients.

As nurses, we tell each other the horror stories of hellish shifts we worked through and jobs where understaffing was just the way it was. One colleague worked a cardiac telemetry unit, a place where patients need constant cardiac monitoring either because they are post cardiac surgery or because they have current or past heart attacks. She routinely had to take care of eight patients at night, be in charge of her unit, and would have no one to monitor the telemetry. When I talked to her about this in advance of this hearing, she laughed in a rueful way: "Not only that, I was only six months out of nursing school."

The problem is that it's not about the work, the numbers, or the bottom line. According to the Journal of Patient Safety,¹ medical errors are now the third leading cause of death. One

thousand people a day. Those 1,000 people are our children, mothers, fathers, wives and husbands. We cannot afford to dehumanize medical care any further and nurses want to keep our families safe when they are in the hospital. The best way to do this is make sure that nurse can take adequate care of his or her patients by limiting the number of patients per shift he or she takes care of.

I'm not a better nurse because I work at the University of Michigan. I worked with amazing nurses in Detroit. But I have a collective bargaining agreement that allows me to speak up when staffing is poor and my patients aren't getting the care they deserve. But patients everywhere in the state deserve that care. Not everyone lives near a hospital that has union nurses who have the power to speak up, but regardless, every patient deserves the attention and care from a registered nurse.

The story I told you today is horrific, but it isn't unusual. I picked one story from many I experienced myself. I have countless others related to me by peers. This legislation would help these stories become less common and keep not only my patients safe, but your constituents, your parents, your spouses, and your children safe. This legislation would Michigan a safer place for all patients and establish us as forerunners for patient safety.

Thank you for your time and for considering these bills.

Sincerely,

A handwritten signature in black ink that reads "Katie Scott RN". The signature is written in a cursive, flowing style.

Katie Scott RN BSN

¹ "A new, evidence-based estimate of patient harms associated with hospital care," Journal of Patient Safety, September 2013.